

# **KANSAS SENTENCING COMMISSION KANSAS DEPARTMENT OF CORRECTIONS**

## **SENATE BILL 123 ALTERNATIVE SENTENCING POLICY FOR NON-VIOLENT DRUG POSSESSION OFFENDERS**



## **OPERATIONS MANUAL**

**Effective Date: October 1, 2018**

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# **Introduction**

## **About this Manual**

The Kansas Sentencing Commission Senate Bill 123 Alternative Sentencing Policy for Non-Violent Drug Possession Offenders Operations Manual (Operations Manual) provides general instruction for the application of provisions of the SB 123 Program. It is intended to provide assistance to members of the judiciary, legal practitioners, field service officers, law enforcement and correctional officials, community corrections staff, substance abuse treatment providers, and mental health staff, in the provision of services related to the SB 123 Program. This Operations Manual should always be used in consultation with the applicable Kansas Statutes, the language of which are always controlling.

This Operations Manual contains features, links, and descriptions that we hope will inform users of the latest developments regarding the SB 123 Program. In an effort to provide the most current information regarding the Program, this Manual will be posted to the Kansas Sentencing Commission website for continuous update and linking to relevant materials. For convenience, the forms contained in Chapter VII of this Manual will be posted separately on the website. Notification of changes to the Manual will be made on the website or by email.

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This manual is not intended as a substitute for appropriate legal counsel.

# **Chapter I**

## **2003 SB 123 Program Components and Implementation**

### **SB 123 Mission Statement**

The mission of the SB 123 Program is to ensure public safety while effectively addressing prison recidivism by providing community-based substance abuse treatment to targeted, non-violent drug offenders having substance use disorders.

### **SB 123 Overview**

Senate Bill 123 was approved during the 2003 Legislative session and implemented in fiscal year 2004, with the goal of treating non-violent drug offenders and reserving prison sentences for those offenders who commit serious, violent crimes. The program provides funding to eligible offenders for community-based substance abuse treatment for up to their 18 month term of probation. This treatment is furnished by treatment providers state-wide who have been certified to provide appropriate treatment by the Kansas Department of Corrections. The program is maintained through coordinated efforts among the Kansas Sentencing Commission, Community Corrections, Court Services, and certified treatment providers.

### **SB 123 Program Components and Implementation**

K.S.A. 21-6824 requires participation in a certified substance use treatment program for a defined target population of non-violent adult offenders who have been convicted of K.S.A. 65-4160 or 65-4162 prior to their repeal, K.S.A. 21-36a06, prior to its transfer, or K.S.A. 21-5706 drug offense.

Unless the court orders otherwise, as part of the presentence investigation, the target population of offenders will receive a substance abuse assessment and a standardized risk assessment. When the assessment results meet the requirements of K.S.A. 21-6824, the courts shall at sentencing order the individual to a certified substance abuse treatment program and to community supervision through a Community Corrections agency. The offender will remain in treatment under Community Corrections supervision until determined suitable for discharge by the court. The SB 123 Program is authorized to fund treatment up to 18 months from the date of first treatment.

### ***Sentencing Considerations***

- A) Conviction of possession of a controlled substance per K.S.A. 21-5706.
- B) Adult offenders with current possession convictions, criminal history 5 E-I of the drug grid, with no prior convictions for drug trafficking, drug manufacture or drug possession with the intent to sell.
- C) Adult offenders with current possession convictions, criminal history 5-A or 5-B of the drug grid, with no prior convictions for drug trafficking, drug manufacture or drug possession with intent to sell are eligible for drug abuse treatment if the court finds that placement of these

offenders in a substance abuse treatment program will not jeopardize public safety. These person felony convictions can only be severity level 8, 9, or 10, or nongrid offenses for consideration of placement in the SB 123 Program.

- D) Placement of offenders with prior person felony convictions (severity level 8, 9 or 10 or nongrid offenses) are subject to the departure sentencing procedures. K.S.A. 21-6824(e). Such offenders may also be subject to postrelease if revoked from SB 123 treatment and required to complete an underlying prison sentence. See K.S.A. 22-3716(f).
- E) The court will commit the offender sentenced under K.S.A. 21-6824 to participation in a certified drug abuse treatment program and community supervision through Community Corrections. This offender will remain in a certified drug abuse treatment program and under the supervision of Community Corrections until determined suitable for discharge from treatment and supervision by the court. The offender may remain in a certified drug abuse treatment program and/or on supervision for a period not to exceed 18 months.  
  
*Note: The KSSC is authorized to pay for treatment for up to 18 months from the date of first treatment.*
- F) The sentencing court shall determine the extent, if any an offender is able to pay for the drug abuse assessment and treatment. The sentencing court may delegate that task to community corrections. K.S.A. 75-52,144(d).
- G) Upon successful completion of the drug abuse treatment program, the offender may be discharged and is not subject to a period of postrelease supervision.
- H) If the defendant fails to participate in or has a pattern of intentional conduct that demonstrates the defendant's refusal to comply with or participate in the treatment program, as established by judicial finding, the defendant shall be subject to sanction or revocation pursuant to the provisions of K.S.A. 22-3716, and amendments thereto. If the defendant's probation is revoked, the defendant shall serve the underlying prison sentence. K.S.A. 21-6604(n)(2).
- I) For crimes committed on and after July 1, 2013, a felony offender whose nonprison sanction is revoked pursuant to K.S.A. 22-3716(c) or whose underlying prison term expires while serving a sanction pursuant to K.S.A. 22-3716(c)(1)(C) or (c)(1)(D) shall serve a period of postrelease supervision upon the completion of the prison portion of the underlying sentence. K.S.A. 22-3716(f).
- J) Prior to July 1, 2008, upon a third or subsequent conviction for felony drug possession, the offender was eligible for SB 123 treatment if the offender had not attended such program before. On and after July 1, 2008, an offender is not eligible for SB 123 treatment upon a third or subsequent conviction for felony drug possession. 2008 House Bill 2780, amending K.S.A. 21-4705(f).
- K) K.S.A. 21-4729, now K.S.A. 21-6824, was effective upon publication in the statute book. The implementation date of the sentencing changes was November 1, 2003. K.S.A. 21-4729 is not retroactive and does not apply to offenders sentenced prior to that date.

## ***Eligibility***

- A) Convicted of possession of controlled substances in K.S.A. 21-5706;
- B) First or second conviction of K.S.A 21-5706 only (Special Rule #26);
- C) Kansas resident;
- D) Lawfully present in the United States;
- E) No prior convictions for unlawful manufacturing, cultivation or distribution of controlled substance or receiving proceeds therefrom;
- F) Criminal history Level 5, C-I or A or B with severity level 8-10 person felonies;
- G) Level of Service Inventory- Revised (LSI-R) composite score of 24 or greater; and
- H) High Probability score on the Substance Abuse Subtle Screening Inventory (SASSI)

*Note: If eligibility requirements are not met, offender may still be evaluated and treated for substance use disorder, but treatment will not be funded by SB 123.*

## ***Special Sentencing Rule***

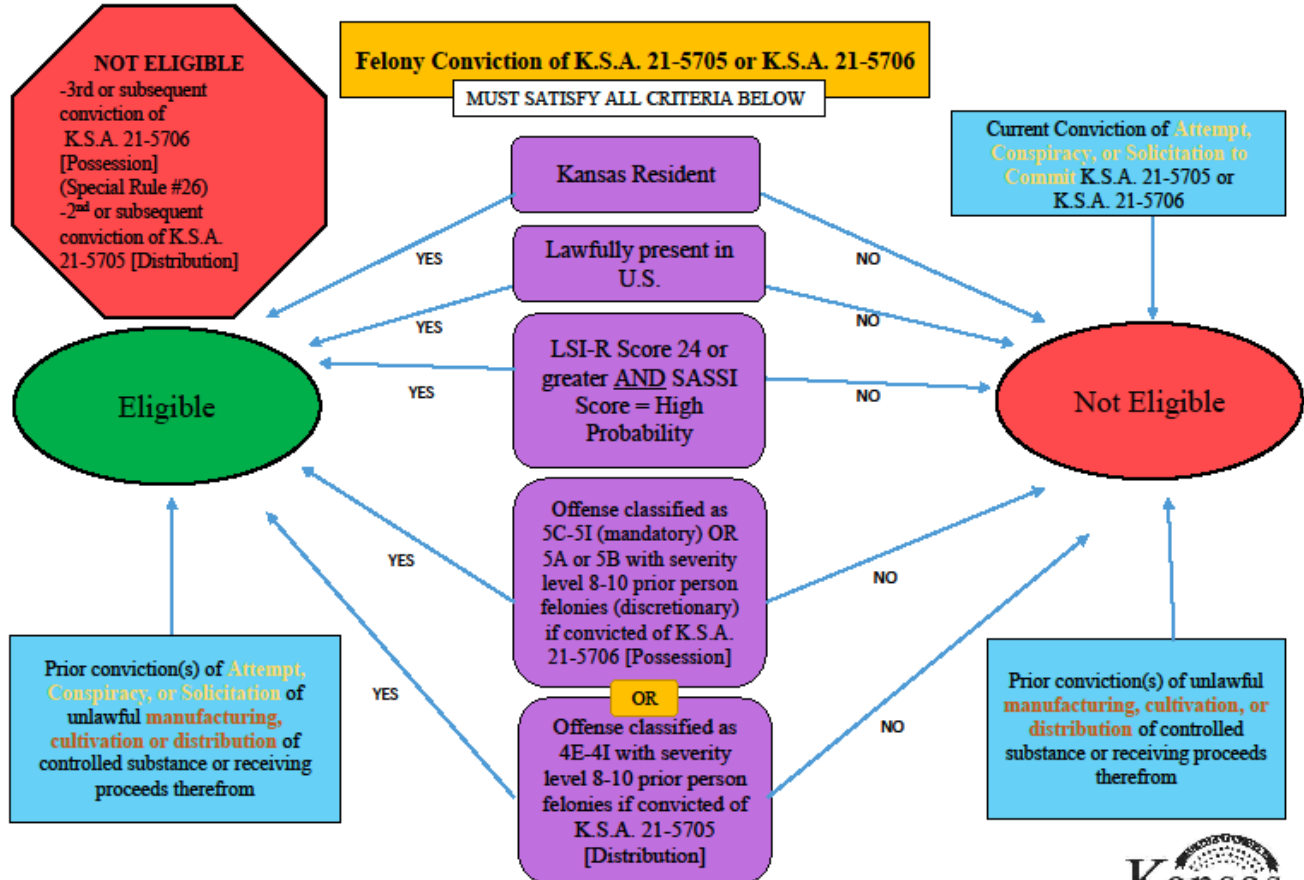
K.S.A. 21-4705 requires that offender's sentenced for a third or subsequent conviction for a violation of either K.S.A. 21-5706 or 65-4162 are required to serve a presumptive term of imprisonment, if:

1. The offender has previously completed a certified drug abuse treatment program;
2. The offender has previously been discharged from a certified drug abuse treatment program as provided in K.S.A. 75-52,144; or
3. The offender has previously refused to participate in a certified drug abuse treatment program as provided in K.S.A. 75-52,144.

This sentencing rule is not a departure and is not subject to appeal. See K.S.A. 21-4705(f).



# 2003 SB 123 ELIGIBILITY (K.S.A. 21-6824) AS OF JULY 1, 2019



Nothing prohibits evaluation and treatment for any person that does not qualify for SB123



SB 123 Eligibility Flow Chart

## ***Assessment Process***

As part of the presentence investigation, all offenders who meet the requirements of K.S.A. 21-6824 are subject to a drug abuse assessment and a standardized risk assessment. The substance abuse assessment measures the offender's level of substance abuse problem. The standardized risk assessment selected by the Sentencing Commission is the Level of Service Inventory- Revised (LSI-R). The LSI-R measures the offender's risk of committing new crimes.

The SB 123 Drug Abuse Assessment Package (DAAP) shall be conducted by a substance abuse treatment agency certified by Kansas Department of Corrections to perform assessments for SB 123 offenders. The Substance Abuse Subtle Screening Inventory (SASSI) portion of the DAAP may be administered by Court Services Officers trained to do so. The pre-sentence risk assessment shall be conducted by a community corrections officer or court services officer. Both of these assessments should be completed before the sentencing hearing. The substance abuse assessment is only available to the parties, the sentencing court, the KDOC, and the KSSC. See K.S.A. 21-6813(c).

The **SB 123 Assessment** shall be standardized and contain:

1. A standardized risk-needs assessment, the Level of Service Inventory- Revised (LSI-R), to determine the offender's risk of re-offending (administered by a Community Corrections or Court Services Officer); and
2. A **Drug Abuse Assessment Package (DAAP)**, which includes:
  - a. The **Substance Abuse Subtle Screening Inventory (SASSI)**, a substance abuse screening instrument;
  - b. A **clinical interview**, utilizing the American Society of Addiction Medicine (ASAM) criteria to outline social history and determine a recommended level of care and treatment for the offender; and
  - c. The **SB 123 Assessment Summary Form**, which provides demographic information of the offender, the identifying information of the Community Corrections agency and the certified treatment provider, the SASSI scores, recommended level of care, and the indication of application and disposition of a mental health screen (provided at the discretion of the assessor).

## ***Treatment***

For those offenders who meet criteria for SB 123 funding and treatment, determination of treatment needs shall be made by the substance abuse assessment provider in consultation with Community Corrections and, if applicable, a mental health professional. During the course of their treatment, offenders may move up and down the continuum of care, based on need.

Certified substance abuse treatment programs are required to provide one or more treatment options in the continuum of services authorized for payment by the KSSC. Provision of individual services are limited to the cost caps and service limitations outlined in the **SB 123 Approved Treatment Modalities and Cost Caps** found in Chapter VII.

Certified substance abuse treatment programs must be based in Cognitive-Behavioral therapeutic treatment curricula and tools, and may include community and/or faith-based programs. Programs should

include appropriate treatment for the offender based on those needs identified during assessment, alcohol abuse and dependence treatment in addition to substance abuse treatment when required, and family and auxiliary services. The eligibility of treatment elements for certification purposes will be determined by Kansas Department of Corrections at time of certification. Regardless of the level or type of services rendered throughout treatment, all treatment plans must include an aftercare/relapse prevention component. The only exception to this is for those offenders who are assessed as not having significant substance abuse or dependence. For those offenders, the treatment recommendation shall be to a certified standard substance abuse education program.

It may be necessary for treatment placements to occur outside an offender's local community, should the necessary treatment modality be unavailable or if those services cannot be provided in a timely manner.

**Prohibited Expenditures per K.S.A. 21-6824:**

- Treatment funds shall not be used for administration purposes or auxiliary services
- Neither treatment nor supervision funds shall be used for;
  - Temporary housing,
  - Mental health treatment medications, or
  - Drug replacement therapy (i.e., methadone programs).

***Treatment Providers***

Treatment providers are required to obtain KDOC certification, in addition to any other Kansas state licensing or certification requirements needed to provide substance and alcohol abuse treatment. A list of current, certified substance abuse treatment providers is available through the Total Offender Activity Documentation System (TOADS), a database maintained by Community Corrections. Treatment provider certification focuses on cognitive behavior tool skills acquisition, facilitation ability, and other elements deemed necessary for certification by the Secretary of Corrections (see Chapter III). The substance abuse treatment counselor shall initiate treatment recommendations and collaborate with the supervising Community Corrections officer in the case management decisions regarding an offender sentenced under this policy.

***Discharge from Treatment***

Successful discharge from a certified substance abuse treatment program occurs after offender has met all requirements of treatment and supervision, and is deemed eligible by relevant parties, to include Community Corrections, treatment providers, and the court.

Should the offender be *discharged prior to successful completion of treatment* and/or supervision, all involved parties shall be notified in a timely manner and relevant statute components shall be observed.

A. K.S.A. 21-6824(f)(1) provides that an offender shall be discharged from a sentence imposed if the offender:

- a. Is convicted of a new felony; or
- b. Has a pattern of intentional conduct demonstrating the offender's refusal to comply with or to participate in the treatment program, as established by a judicial finding. K.S.A. 21-6824(f)(1)(B). Condition violations may also result in discharge from the mandatory drug

abuse treatment. See *State v. Gumfory*, 281 Kan. 1168, (2006) (holding that K.S.A. 21-6824(f)(1)(A) and (B) do not set forth exclusive grounds for revocation of an SB 123 sentence.)

- B. An offender who subsequently violates a condition of the treatment program is subject to an additional nonprison sanction for any such subsequent violation. Such nonprison sanctions include but are not limited to: up to sixty (60) days in a county jail, fines, community service, intensified treatment, house arrest and electronic monitoring. K.S.A. 22-3716(f).
- C. Offenders who are discharged from the treatment program are subject to the revocation provisions of K.S.A. 21-6604(n). K.S.A. 21-6824(f)(2).
- D. An offender whose probation is revoked shall serve their underlying prison sentence without any credit for time spent participating in the treatment program. K.S.A. 21-6604(n).
- E. For crimes committed on and after July 1, 2013, a felony offender whose nonprison sanction is revoked pursuant to K.S.A. 22-3716(c) or whose underlying prison term expires while serving a sanction pursuant to K.S.A. 22-3716(c)(1)(C) or (c)(1)(D) shall serve a period of postrelease supervision upon the completion of the prison portion of the underlying sentence. K.S.A. 22-3716(f).

## Chapter II

### K.S.A. 21-6824 Text and Related Statutes

#### K.S.A. 21-6824

***21-6824. Nonprison sanction; certified drug abuse treatment programs; assessment; supervision by community corrections or court services; discharge from program; exceptions to placement in program.***

(a) There is hereby established a nonprison sanction of certified drug abuse treatment programs for certain offenders who are sentenced on or after November 1, 2003. Placement of offenders in certified drug abuse treatment programs by the court shall be limited to placement of adult offenders, convicted of a felony violation of K.S.A. 65-4160 or 65-4162, prior to their repeal, K.S.A. 2010 Supp. 21-36a06, prior to its transfer, or K.S.A. 2017 Supp. 21-5706, and amendments thereto:

- (1) Whose offense is classified in grid blocks 5-C, 5-D, 5-E, 5-F, 5-G, 5-H or 5-I of the sentencing guidelines grid for drug crimes and such offender has no felony conviction of K.S.A. 65-4142, 65-4159, 65-4161, 65-4163 or 65-4164, prior to their repeal, K.S.A. 2010 Supp. 21-36a03, 21-36a05 or 21-36a16, prior to their transfer, or K.S.A. 2017 Supp. 21-5703, 21-5705 or 21-5716, and amendments thereto, or any substantially similar offense from another jurisdiction; or
- (2) whose offense is classified in grid blocks 5-A or 5-B of the sentencing guidelines grid for drug crimes, such offender has no felony conviction of K.S.A. 65-4142, 65-4159, 65-4161, 65-4163 or 65-4164, prior to their repeal, K.S.A. 2010 Supp. 21-36a03, 21-36a05 or 21-36a16, prior to their transfer, or K.S.A. 2017 Supp. 21-5703, 21-5705 or 21-5716, and amendments thereto, or any substantially similar offense from another jurisdiction, if the person felonies in the offender's criminal history were severity level 8, 9 or 10 or nongrid offenses of the sentencing guidelines grid for nondrug crimes, and the court finds and sets forth with particularity the reasons for finding that the safety of the members of the public will not be jeopardized by such placement in a drug abuse treatment program.

(b) As a part of the presentence investigation pursuant to K.S.A. 2017 Supp. 21-6813, and amendments thereto, offenders who meet the requirements of subsection (a), unless otherwise specifically ordered by the court, shall be subject to:

- (1) A drug abuse assessment which shall include a clinical interview with a mental health professional and a recommendation concerning drug abuse treatment for the offender; and
- (2) a criminal risk-need assessment. The criminal risk-need assessment shall assign a high or low risk status to the offender.

(c) If the offender is assigned a high risk status as determined by the drug abuse assessment performed pursuant to subsection (b)(1) and a moderate or high risk status as determined by the criminal risk-need assessment performed pursuant to subsection (b)(2), the sentencing court shall commit the offender to treatment in a drug abuse treatment program until the court determines the offender is suitable for discharge by the court. The term of treatment shall not exceed 18 months. The court may extend the term of probation, pursuant to subsection (c)(3) of K.S.A. 2017 Supp. 21-6608, and amendments thereto. The term of treatment may not exceed the term of probation.

(d) (1) Offenders who are committed to a drug abuse treatment program pursuant to subsection (c) shall be supervised by community correctional services.

(2) Offenders who are not committed to a drug abuse treatment program pursuant to subsection (c) shall be supervised by community correctional services or court services based on the result of the criminal risk assessment.

(e) Placement of offenders under subsection (a)(2) shall be subject to the departure sentencing statutes of the revised Kansas sentencing guidelines act.

(f) (1) Offenders in drug abuse treatment programs shall be discharged from such program if the offender:

(A) Is convicted of a new felony; or

(B) has a pattern of intentional conduct that demonstrates the offender's refusal to comply with or participate in the treatment program, as established by judicial finding.

(2) Offenders who are discharged from such program shall be subject to the revocation provisions of subsection (n) of K.S.A. 2017 Supp. 21-6604, and amendments thereto.

(g) As used in this section, "mental health professional" includes licensed social workers, persons licensed to practice medicine and surgery, licensed psychologists, licensed professional counselors or registered alcohol and other drug abuse counselors licensed or certified as addiction counselors who have been certified by the secretary of corrections to treat offenders pursuant to K.S.A. 2017 Supp. 75-52,144, and amendments thereto.

(h) (1) Offenders who meet the requirements of subsection (a) shall not be subject to the provisions of this section and shall be sentenced as otherwise provided by law, if such offenders:

(A) Are residents of another state and are returning to such state pursuant to the interstate corrections compact or the interstate compact for adult offender supervision; or

(B) are not lawfully present in the United States and being detained for deportation; or

(C) do not meet the risk assessment levels provided in subsection (c).

(2) Such sentence shall not be considered a departure and shall not be subject to appeal.

(i) The court may order an offender who otherwise does not meet the requirements of subsection (c) to undergo one additional drug abuse assessment while such offender is on probation. Such offender may be ordered to undergo drug abuse treatment pursuant to subsection (a) if such offender is determined to meet the requirements of subsection (c). The cost of such assessment shall be paid by such offender.

## **Related Statutes**

Below, please find links to Kansas Statutes related to the SB 123 Program. Any Kansas Statute can be searched on the [\[Kansas Legislative website.\]](#)

- [K.S.A. 21-5706](#)
  - Unlawful acts relating to possession; penalties.
- [K.S.A. 21-6604](#)
  - Authorized dispositions, crimes committed on or after July 1, 1993
- [K.S.A. 21-6805](#)
  - Sentencing Guidelines; grid for drug crimes applied in felony cases under uniform controlled substances act; authority and responsibility of sentencing court; presumptive disposition.
- [K.S.A. 21-6813](#)
  - Presentence investigation report; information included; part of court record; confidential information, disclosure to certain parties; report format
- [K.S.A. 22-3716](#)
  - Arrest for violating condition of probation, assignment to community corrections, suspension of sentence or nonperson sanction, procedure; time limitation on issuing warrant; limitations on serving sentence in department of corrections' facility or serving period of postrelease supervision, exceptions.
- [K.S.A. 65-4105\(e\), 65-4107\(e\), 65-4109\(b\) or \(c\), or 65-4111\(b\)](#)
  - Depressants
- [K.S.A. 65-4105\(f\), 65-4107\(d\)\(2\), \(d\)\(4\), \(d\)\(5\) or \(f\)\(2\), or 65-4109\(e\)](#)
  - Stimulants
- [K.S.A. 65-4105\(d\), 65-4107\(g\), or 65-4109\(g\)](#)
  - Hallucinogens
- [K.S.A. 65-4109\(f\)](#)
  - Anabolic Steroids
- [K.S.A. 75-5291](#)
  - Community correctional services; grants to counties; placement of offenders, limitations; community corrections advisory committee, membership and duties
- [K.S.A. 75-52, 144](#)
  - Certified drug abuse treatment programs; presentence criminal risk-needs assessment; certified treatment providers; cost of programs

*Note: This list does not represent a comprehensive and complete list of all relevant statutes related to the SB 123 program. All legal questions should be addressed to appropriate legal counsel.*

## Chapter III

### Community Corrections

#### Community Corrections and Treatment Provider Agreements

Treatment providers, as part of the Kansas Department of Corrections (KDOC) SB123 certification process, shall complete the **SB123 Treatment Provider Agreement** (Ch. VII). A copy of this form will be retained by the KDOC and can be made available to community corrections upon written request to the KDOC SB123 Program Manager. Treatment Providers should retain a copy of this form for audit purposes.

Community Corrections are required to complete the **SB123 Community Corrections Agreement** (Ch. VII). Agencies shall provide a signed copy of this document to the KDOC SB123 Program Manager and should retain a copy for audit purposes.

#### Offender Assessment Pre-Sentence

During the pre-sentence phase, all offenders will be assessed for the risk of re-offending and the level of their substance abuse problem.

Court Services is responsible for ensuring a substance abuse assessment is completed.

The risk assessment may be completed by Court Services or Community Corrections as agreed upon by local jurisdictions.

*Note: While these assessments generally occur pre-sentence, local courts have the flexibility to determine that assessments may occur post-sentencing if the judge sentences the offender to SB 123 treatment and supervision.*

The outcome of an assessment shall be a placement recommendation that matches the client's clinical, cognitive and potential mental health needs. Placement recommendations must be based on the gathered information and on the principles of treatment contained in the American Society of Addiction Medicine (ASAM) criteria.

#### Offender Supervision

All offenders sentenced under SB 123 are placed on probation for up to 18 months and are supervised by Community Corrections. Probation may, at the discretion of the Court, be extended beyond 18 months. Treatment may be funded by SB 123 for no longer than 18 months.

Supervision of offenders, including but not limited to, requirements for offender contact, urinalysis testing and risk assessments should occur in accordance with KDOC Standards for Adult Intensive



Supervision Programs (AISP). Documentation of all supervision activities should also occur in accordance with KDOC Standards. A copy of the current KDOC Standards Manual may be found [here](#).

When documenting intervention information in the KDOC case management system it is critical that officers create the intervention for the correct modality of treatment. Officers should ensure the referral date is completed as well as the “start date”, which means the first date the offender entered treatment for that modality. Termination date and termination reason shall be completed at the conclusion of each treatment modality.

In the event an offender has an SB 123 sentence and a non-SB 123 sentence, any standards specific to SB 123 shall take precedence.

## **Offender Treatment**

### ***Structure***

Treatment funding will pay for one substance abuse assessment and up to 18 months (one episode) of treatment per court case beginning from the first date of treatment. It is allowable for an offender to move up and down the treatment continuum during a treatment episode. Any subsequent assessments that may be necessary, unless associated with a new SB123 conviction, will be the offender’s responsibility.

Offenders may have two (2) SB 123 cases that occur concurrently or consecutively. If the offender is already in treatment, they may not require an additional assessment on the second case. For specific questions regarding treatment episodes when an offender has multiple SB123 cases where sentencing occurred on different dates and/or jurisdictions, please contact the Kansas Sentencing Commission.

Assessments and treatment should only be completed by providers who have been certified by KDOC. For a list of these providers, please refer to the KDOC case management system.

All treatment will include cognitive-behavioral tools, fully integrated into existing treatment offered by treatment providers. Three treatment modalities, however, provide exception to this rule; these are (1) assessments, (2) social detox services, and (3) drug abuse education. All remaining treatment modalities must integrate the cognitive-behavioral tools.

Regardless of the level of treatment assessed, all treatment plans will include a relapse prevention/continuing care component. The only exception is for offenders assessed as not having substance abuse or dependence. For these offenders, the treatment plan shall be to a certified drug abuse education program with no relapse prevention/continuing care component.

Offenders who relapse subsequent to the education class and prior to discharge of their probation, may be required to complete additional SB 123 treatment. The supervising officer should contact the treatment provider and make any necessary referrals for further assessment and/or treatment needs. Please note that a new assessment may or may not be necessary.

The Kansas Sentencing Commission will only pay for one substance abuse assessment per court case; any additional assessments will be at offender expense.

It may be necessary for some treatment placements to be made outside an offender's local community. In these instances, community corrections should follow courtesy transfer requirements outlined in the KDOC Standards for Adult Intensive Supervision Programs (AISP).

### ***Client Referral/Placement in Treatment Post-Sentencing***

If the SB123 Drug Abuse Assessment Package (DAAP) was not completed pre-sentence, an initial referral for it shall be made by the supervision officer immediately upon the client's reporting to community corrections.

The outcome of an assessment shall be a placement recommendation that matches the client's clinical, cognitive and potential mental health needs. Placement recommendations must be based on the gathered information and on the principles of treatment contained in the American Society of Addiction Medicine (ASAM) criteria.

### ***Upon completion of the SB123 Drug Assessment Package (DAAP):***

#### **If completed pre-sentence:**

The supervision officer shall:

1. obtain a copy of the completed **SB123 Assessment Summary Form**;
2. complete the **Client Placement Agreement** and obtain necessary signatures. The supervision officer and treatment provider shall each retain a copy in their client's case file for audit purposes; and
3. instruct the offender to report for treatment as agreed upon between the officer and the treatment provider.

#### **If completed post-sentence:**

The treatment provider shall complete the **SB123 Assessment Summary Form** (Ch. VII). A signed copy of this form shall be provided to the supervision officer. The treatment provider and supervision officer shall each retain a copy in their client's case file for audit purposes;

The supervision officer shall;

1. complete the **Client Placement Agreement** and obtain necessary signatures. The supervision officer and treatment provider shall each retain copy in their client's case file for audit purposes; and
2. instruct the offender to report for treatment as agreed upon between the officer and the treatment provider.

Referrals for assessment and treatment should only be to providers certified by KDOC. For a list of these providers, please refer to the KDOC case management system.

### ***Supervision Officer and Treatment Provider Communication and Collaboration***

Treatment providers are responsible for making decisions regarding the level of treatment necessary to address the client's needs. Supervision officers are responsible for making case management decisions related to the client's probation supervision.

Communication between the treatment provider and the supervision officer shall occur at a frequency necessary to ensure supervision and treatment plans are in alignment, progress towards each plan's goals is being achieved or failure to progress and/or relapses are properly addressed. Other topics of discussion may include, but are not limited to, exchange of information regarding employment, urinalysis testing, family issues, companions or any other information that would reflect behavior changes and compliance with treatment and supervision requirements.

At a minimum, treatment providers are required to initiate one communication per month using the **Monthly Progress Report Form** (Ch. VII). Once the form is completed by both the supervision officer and treatment provider, each should maintain copies of the signed form in their client's case file for audit purposes.

Any additional communication between the parties should be documented in the KDOC case management system in accordance with KDOC Standards for Adult Intensive Supervision Programs (AISP).

Notify Community Corrections upon change or discharge of the client from the treatment modalities identified on the client's **Client Placement Agreement (CPA)** and complete modified CPA as needed.

### ***Offender Accountability***

Supervision officers shall ensure that violations of supervision conditions or treatment program requirements are addressed in accordance with local agency policy.

If an offender is discharged unsuccessfully or displays a pattern of intentional conduct that demonstrates the offender's refusal to comply with or participate in the terms of the mandatory substance abuse treatment and supervision, the offender will be subject to the entire underlying prison sentence, with no credit for time served in the mandatory substance abuse treatment program. The criteria that defines failure and requires mandatory discharge from treatment is discussed in the Discharging Offenders section below.

### ***Offender Reimbursement for Treatment***

Offenders are expected to pay for their treatment if they are able. Treatment providers must bill insurance companies when the offender has insurance or a medical card. Offenders who are able to afford a partial payment towards treatment are required to reimburse the Kansas Sentencing Commission for treatment services as specified by the sentencing court or Community Corrections. Offender reimbursements and insurance payments sent to the Sentencing Commission shall be accompanied by the **Offender Reimbursement Remittance Form** or the **SB 123 Insurance Payment Remittance Form** respectively (Ch. VII).

Agencies may elect to have the offender submit a money order or cashier's check directly to the Kansas Sentencing Commission when accompanied by the remittance form. The money order must contain the offender's name, KBI and KDOC number, case number, and sentencing county. Another option available to agencies is to collect the money from the offender at the local level, and forward it to the Kansas Sentencing Commission at least once per quarter, utilizing a remittance form. The Sentencing Commission requires that the offender name, KBI and KDOC number, case number, sentencing county, and date of payment be included on the form. Agencies electing to send the money to the Sentencing Commission on a quarterly basis will need to make sure that the offenders are given receipts for their payments. **Offender Remittance Forms** are contained in the forms chapter of this manual and can be downloaded from the Sentencing Commission [website](#).

In the event that an offender refuses to make reimbursement payments, the expectation is that agencies will impose sanctions on the offender similar to those that would be used if the offender were not making the required court payments or supervision fees to the agency as this is also a court imposed cost.

### ***Discharging Offenders***

The intent of this legislation is to provide offenders with the needed level of treatment, coupled with the appropriate level of supervision. The offender cannot be in SB 123 treatment for a duration longer than the statute allows, a period up to 18 months. The offender is eligible for discharge upon successful completion of treatment (including continuing care), and upon completion of court ordered requirements. It is not the expectation of the legislation that all offenders should remain under supervision for the full 18 months. As an example, an offender who has been sentenced under this legislation may be assessed as needing only drug abuse education. If the offender successfully completes the drug abuse education, and fulfills his court obligations, the offender, with the concurrence of both the treatment provider and the supervising agency may be submitted to the court for discharge from sentence.

If the offender is unsuccessfully discharged or voluntarily quits the mandatory drug abuse treatment, the offender will be subject to the entire underlying prison sentence, with no credit for time served in the mandatory drug abuse treatment. K.S.A. 21-6824(f)(1) provides the criteria that defines an offender's failure and shall result in the dismissal from a mandatory treatment program:

1. Conviction of a new felony offense; or
2. A judicial finding that the offender has a pattern of intentional conduct that demonstrates the offender's refusal to comply with or participate in the terms of the mandatory substance abuse treatment and supervision.

Offenders who have been sentenced pursuant to K.S.A. 21-6824, and amendments thereto, and who subsequently violate a condition of the drug and alcohol abuse treatment program shall be subject to an additional nonprison sanction for any such subsequent violation. Such nonprison sanctions shall include, but not be limited to, up to 60 days in a county jail, fines, community service, intensified treatment, house arrest and electronic monitoring. K.S.A. 22-3716(g).

## **Pre-sentence Phase Discharges**

In the pre-sentence phase, the court case can be closed for one of two reasons:

1. The offender was not sentenced to Community Corrections by the judge; or
2. The offender absconded while in the presentence phase.

## **Post-sentence Phase Discharges**

In the post-sentence phase, the court case may be closed for the same reason(s) as any other court case closes while under the jurisdiction of Community Corrections. SB 123 offenders are treated no differently than any other Community Corrections offender at this point.

## **Absconding**

Supervision officers are REQUIRED to notify the treatment provider within two (2) working days of determining that an offender has absconded from supervision. This communication may occur via phone or email and documentation of the notification should be entered in the KDOC case management system for audit purposes.

Similarly, treatment providers are REQUIRED to notify the supervision officer within two (2) working days if an offender fails to report for a scheduled treatment without notice. This communication may occur via phone or email and documentation of the notification should be recorded in the client's case file for audit purposes. Treatment providers who continue to provide treatment to offenders after notification of absconding may not receive payment for those services.

## Chapter IV

### Substance Abuse Treatment Providers

#### Treatment Provider Certification

In order to be eligible to access funding for substance abuse treatment services rendered to SB 123 offenders, treatment providers must first be certified through the Kansas Department of Corrections (KDOC). Certification requires that providers are licensed and able to provide the mandated Cognitive-Behavioral treatment. Through this process, providers are also informed of their responsibilities for maintaining certification and given information regarding the KDOC's auditing process. A list of certified treatment providers, and the services they are approved to provide, are distributed to Community Corrections for referral, and to the Kansas Sentencing Commission (KSSC) for billing and auditing purposes. Please see [KDOC's certification page](#) for full details on provider certification.

#### Community Corrections, KSSC, and Treatment Provider Agreements

Treatment providers, as part of the Kansas Department of Corrections (KDOC) SB123 certification process, shall complete the **SB123 Treatment Provider Agreement** (Ch. VII). A copy of this form will be retained by the KDOC and can be made available to Community Corrections upon written request to the KDOC SB123 Program Manager. Treatment Providers should retain a copy of this form for audit purposes.

In addition, treatment providers will enter into a **Qualified Service Organization Agreement (QSOA)** with the Kansas Sentencing Commission. Upon certification, this agreement is to be signed by relevant parties and submitted to the KSSC. A copy shall be retained by treatment providers for auditing purposes.

#### Treatment Provider Responsibilities

As part of the agreement with both KSSC and KDOC, treatment providers receiving payment for services provided to SB 123 offenders, agree to:

- 1) Abide by applicable drug and alcohol licensing regulations/standards of the State of Kansas and SB 123 program policies established by KSSC and KDOC;
- 2) Adhere to all pre-service and ongoing training requirements for respective provider licensure;
- 3) Maintain up-to-date records as required by KSSC, Community Corrections, KDOC in a manner that meets the Kansas Department of Aging and Disability Services (KDADS) and Kansas Behavioral Sciences Regulatory Board (KSBSRB) licensure standards;
- 4) Maintain current licensure to practice in the state of Kansas and notify KDOC and KSSC immediately should licensure status change;
- 5) Execute appropriate confidential release of information forms;
- 6) Cooperate with auditing efforts for all governing and auditing agencies;
- 7) Comply with the KSSC established cost caps for each approved treatment modality;
- 8) Provide access to assessment and treatment services within three (3) business days of referral; and
- 9) Obtain and update training relative to required assessment tools (as applicable).

## Assessment

The SB 123 Drug Abuse Assessment Package includes:

1. The Substance Abuse Subtle Screening Inventory (SASSI);
2. A clinical interview for social history and outlining the ASAM criteria; and
3. The SB 123 Assessment Summary Form.

*Note: Treatment providers may administer a mental health screen as it applies to the offender, the treatment recommendation, and the scope of the provider's practice. The completion of a mental health screen and any subsequent mental health referral should be indicated on the SB 123 Assessment Summary Form.*

### **Pre-sentence Phase**

Treatment providers will submit billing for pre-sentence assessments through KSSC, utilizing the **SB 123 Pre-Sentence Invoice for Purchase Service** (Ch. VII). The form, along with the **SB 123 Assessment Summary Form**, the clinical interview with ASAM criteria, and the SASSI scoring sheet must be provided to KSSC for processing of payment.

This form does NOT require a Community Corrections officer or director signature. However, a signed copy of the **SB 123 Assessment Summary Form** and a copy of the SASSI for each SB 123 client must be provided to Community Corrections.

### **Post-sentence Phase**

Treatment providers will submit billing for post-sentence assessment through Beacon Health Options Provider CONNECT system (Ch. VI). Necessary forms will be uploaded to Beacon's system at that time.

A signed copy of the **SB 123 Assessment Summary Form** and a copy of the SASSI for each SB 123 client must be provided to Community Corrections. A Community Corrections signature is not required.

*Note: Treatment providers performing assessment services only do not need to be certified for Cognitive-Behavioral therapy tools through KDOC or provide proof of Cognitive-Behavioral based curriculum.*

Initial referrals for the SB 123 Drug Abuse Assessment Package (DAAP) shall be made by Community Corrections or Court Services. Relative to the outcome of the assessment, the offender shall be recommended to treatment that meets the offender's clinical, medical, cognitive, and mental health needs. This recommendation must be based on the American Society of Addiction Medicine (ASAM) criteria.

## Client Placement Agreement

Prior to commencement of treatment, the treatment provider will enter into a **Client Placement Agreement** (Ch. VII) with Community Corrections for each offender receiving treatment. This agreement provides the offender's identifying information, the Community Corrections agency and Intensive Supervision Officer responsible for the offender's supervision, the offender's insurance information (if applicable), and the treatment modalities to be provided, with estimated length of treatment. The responsibilities of both parties are also outlined. A copy of this form shall be submitted

through Beacon's Provider CONNECT system at outset of treatment, and a copy shall be retained by Community Corrections and the treatment provider for auditing purposes.

A new form shall be submitted upon change of treatment modality (if not indicated on the most recent CPA), and upon change of treatment provider.

*Note: If multiple modalities are anticipated in the course of treatment with a single provider, the provider may indicate this on the initial form (example: intermediate residential with subsequent reintegration). As long as all modalities provided are indicated on the CPA, the form need only be resubmitted upon change of treatment provider or addition of modality not already indicated.*

**Treatment providers must notify Community Corrections upon change of modality or discharge of the client from treatment modality.**

### **Communication with Community Corrections/Intensive Supervision Officer**

During the course of treatment, it is crucial that treatment providers communicate thoroughly and effectively with Community Corrections officers regarding offender's progress and treatment. It is the responsibility of the treatment provider to:

1. Provide timely and informative evaluations;
2. Provide results of all UA collections to Community Corrections;
3. Attend administrative meetings and trainings sponsored by KSSC, KDOC, and Community Corrections, as required;
4. Attend all scheduled multi-disciplinary meetings through the course of treatment;
5. Fully participate in meetings, revocation proceedings, and similar administrative functions as required by KSSC and KDOC policy;
6. Provide timely communication to Community Corrections regarding client attendance, client progress or lack thereof, and relapse prevention and care plan:
  - a. Treatment providers are **REQUIRED** to notify the supervision officer within two (2) working days if an offender fails to report for a scheduled appointment, without notice;
  - b. This communication may occur via phone or email and documentation of the notification should be recorded in the offender's case file for audit purposes;
  - c. Treatment providers who continue to provide services to offenders after notification of absconding may not receive payment for those services;
7. Report all violations of court order immediately to Community Corrections;
8. Notify Community Corrections officer of change to or discharge from treatment modality in a timely manner;
9. Generate and complete **SB 123 Monthly Progress Report Form** (see below); and
10. Retain all documentation and comply with auditing process for both KSSC and KDOC.

### **Monthly Progress Reports**

For each month that an offender attends treatment, the treatment provider shall be responsible for generating a **SB 123 Monthly Progress Report Form** (Ch. VII). This form is to be completed by both treatment provider and Community Corrections and retained by both parties for auditing purposes.



*Note: Notification and/or communication of important treatment information may be necessary outside of this form, and must be appropriately conveyed to the relevant parties in a timely manner, compliant with KSSC and KDOC policies. This form does not replace other forms of required notification or information sharing.*

## **Treatment**

All treatment is to incorporate the Cognitive-Behavioral tools required by KDOC certification. The only exception to this is that treatment providers offering assessment, social detoxification, and drug abuse education only, are not required to provide proof of Cognitive-Behavioral curricula per KDOC certification.

Treatment provided must fall within the modalities listed in the **SB 123 Approved Treatment Modalities and Cost Caps** (Ch. VII). All fees and cost caps listed are the negotiated rates and limitations for the program. Offenders should not be charged separate fees in addition to the fees listed per modality (i.e. service fees). The only exceptions this are fees for Drug Abuse Education and some fees associated with Reintegration. Should an offender wish to continue services *after completion of supervision*, then the offender and/or offender's insurance company may be billed as with non-SB 123 clients.

It is expected that the substance abuse treatment provided to SB 123 offenders is appropriate for that offender based on assessment and ongoing clinical judgement. Offenders should be recommended to treatment that is of the level and intensity that matches their needs. When an offender requires a treatment modality not offered by the assessing or current treatment provider, that provider must contact Community Corrections to secure a referral to a provider for the appropriate modality.

## **Drug Abuse Education**

Some offenders will be assessed as not needing treatment but instead requiring substance abuse education. The Senate Bill 123 drug and alcohol educational intervention is intended to provide a minimum of eight (8) hours of alcohol and substance abuse education to those clients who, following assessment, are determined to be at low risk for the development of addiction and related issues. This intervention can be delivered in a similar format as the current Alcohol and Drug Information School currently offered to DUI offenders. At a minimum, the following information should be presented during the course of this program:

- An overview of the effects of alcohol and specific drugs on the human body and brain;
- Life consequences related to alcohol and substance abuse (e.g., impaired judgment leading to high-risk behavior, loss of employment);
- Medical consequences of alcohol and substance use (e.g., HIV/AIDS, STD's, Fetal Alcohol Syndrome, Alcoholism/Addiction as a progressive illness, signs and symptoms of addiction and abuse, description of early to late stages of addiction);
- Effects of concurrent alcohol and substance use (e.g. an overview of over-the-counter and illicit drug and alcohol use); and
- Development of a personal plan to avoid future problems with alcohol and substances (e.g. review of self-help, treatment, and counseling options).

## **Term of Treatment**

K.S.A. 21-6824 provides that, "The sentencing court shall commit the offender to treatment in a drug abuse treatment program until determined suitable for discharge by the court but the term of treatment shall not exceed 18 months." Thus, no bills for treatment services can be paid by the Sentencing Commission beyond 18 months from the date of first treatment. This does not alter the Court's ability to extend or

revoke and reinstate probation under SB 123, however, the **18-month term during which treatment services can be paid from State General Funds allocated for such purpose will be calculated from the date of first non-assessment service on the case in question.**

This policy allows SB 123 eligible offenders to receive treatment up to 18 months in duration, even though they may have previous sentence obligations to fulfill prior to beginning treatment. Some offenders may encounter situations outside their control that delay treatment. For example:

- Offender is sentenced to SB 123 treatment, but is first required to serve time in jail;
- Offender is sentenced to SB 123, but has a case in another county where incarceration requirements must be fulfilled before SB 123 treatment can begin; or
- Offender is sentenced to SB 123, but has a serious medical condition that must be resolved before treatment can begin.

This policy does not provide additional time delays for the following non-exclusive list of reasons that are volitional on the part of the offender:

- Intentional delays by the offender in starting SB 123 treatment;
- Absconding;
- The offender violating the terms of probation, which results in jail time and in turn interrupts the offender's treatment plan; or
- Any other cause which is in the control of the offender.

## **Discharge from Treatment**

Upon successful completion of a treatment modality or round of treatment, treatment providers shall notify Community Corrections and provide recommendations and/or the relapse prevention plan. If additional treatment is recommended, a new **Client Placement Agreement** may be required. Treatment providers may elect to provide the offender with a certificate of completion. Please note that failure to "complete" a program that is of greater length than the cost caps afford does not necessarily constitute failure on the part of the offender to fulfill requirements of supervision.

The intent of this legislation is to provide offenders with the needed level of treatment, coupled with the appropriate level of supervision. The offender cannot be in SB 123 treatment for a duration longer than the statute allows, a period up to 18 months. The offender is eligible for discharge upon successful completion of treatment (including continuing care), and upon completion of court ordered requirements. It is not the expectation of the legislation that all offenders should remain under supervision for the full 18 months. As an example, an offender who has been sentenced under this legislation may be assessed as needing only drug abuse education. If the offender successfully completes the drug abuse education, and fulfills his court obligations, the offender, with the concurrence of both the treatment provider and the supervising agency may be submitted to the court for discharge from sentence.

If the offender is unsuccessfully discharged or voluntarily quits the mandatory drug abuse treatment, the offender will be subject to the entire underlying prison sentence, with no credit for time served in the mandatory drug abuse treatment. K.S.A. 21-6824(f) provides that the criteria that would define an offender's failure and shall result in the dismissal from a mandatory treatment program are:

1. Conviction of a new felony offense; or
2. A judicial finding that the offender has a pattern of intentional conduct that demonstrates the offender's refusal to comply with or participate in the terms of the mandatory substance abuse treatment and supervision.

Offenders who have been sentenced pursuant to K.S.A. 21-6824, and amendments thereto, and who subsequently violate a condition of the drug and alcohol abuse treatment program shall be subject to an additional nonprison sanction for any such subsequent violation. Such nonprison sanctions shall include, but not be limited to, up to 60 days in a county jail, fines, community service, intensified treatment, house arrest and electronic monitoring. K.S.A. 22-3716(g).

### **Absconding**

Supervision officers are REQUIRED to notify the treatment provider within two (2) working days of determining that an offender has absconded from supervision. This communication may occur via phone or email and documentation of the notification should be entered in the KDOC case management system for audit purposes.

Similarly, treatment providers are REQUIRED to notify the supervision officer within two (2) working days if an offender fails to report for a scheduled treatment without notice. This communication may occur via phone or email and documentation of the notification should be recorded in the client's case file for audit purposes. Treatment providers who continue to provide treatment to offenders after notification of absconding may not receive payment for those services

## Chapter V

### Invoicing and Payment Process

#### Funding

A funding source from State General Funds (SGF) has been identified specifically for treatment costs for Senate Bill 123 sentenced offenders. K.S.A. 75-52,144(d) states, in part, that “the cost for all drug abuse assessments and certified drug abuse treatment programs for any person shall be paid by the Kansas Sentencing Commission (KSSC) from funds appropriated for such purpose. The Kansas Sentencing Commission shall contract for payment for such services with the supervising agency.” In compliance with this statutory provision, Memorandums of Agreement have been entered into with each Community Corrections jurisdiction by the KSSC.

In April 2018, the KSSC entered into an agreement with Beacon Health Options to provide billing services. **As of October 1, 2018, all invoices for services rendered after said date will be processed by treatment providers directly through Beacon’s Provider CONNECT System.** The exception to this will be billing of pre-sentence SB 123 Drug Abuse Assessment Packages (DAAP), which shall be sent directly to the Kansas Sentencing Commission for processing, using the **SB 123 Pre-sentence Assessment Invoice for Purchase of Service** (Ch. VII). Court Services administering the SASSI only will bill KSSC utilizing the **SB 123 SASSI Reimbursement Form** (Ch. VII).

#### Billable Services

**Modalities.** Only those modalities listed in the **SB 123 Approved Treatment Modalities and Cost Caps** (Ch. VII) are billable services under SB 123. Only those modalities for which the treatment provider has achieved approval through the Department of Corrections through certification and contracted for through the **SB 123 Client Placement Agreement** are billable under the provisions of SB 123.

**Components of Modality.** Contained in the **SB 123 Approved Treatment Modalities and Cost Caps** (Ch. VII) are service components that are, at the minimum, required components of each treatment modality. All SB 123 modalities, with the exceptions of social detox, assessment, and drug abuse education, shall be based in Cognitive-Behavioral methodology. SB 123 does not require treatment providers to complete a KCPC nor does this program require the treatment provider to input data into Kansas Department of Aging and Disability Services (KDADS) data system regarding any offender.

**Billable Hour.** A minimum of 50 minutes of treatment time shall constitute a billable hour for the purposes of minimum treatment requirements. Time is to be billed in 15-minute increments in Beacon’s Provider CONNECT System for most modalities.

**Missed Appointments.** Providers shall not bill for missed or canceled appointments. Appointments missed or canceled outside of a provider’s cancellation policy will not be reimbursed by KSSC. Such offender behavior shall be communicated to the Community Corrections supervision officer immediately so appropriate action may be taken on the part of the supervisor.

**Residential Billable Days.** Note that treatment may be billed for the day of arrival for residential

services but will not be billed for the day of departure from residential services. This applies to Social Detox, Intermediate/Residential, Therapeutic Community, and Reintegration modalities. The cost cap for Intermediate Residential treatment is 21 days. If additional days are required, a Continued Stay Review shall be submitted for clinical review and no more than 90 days will be funded by SB 123 per offender, per case.

***Continued Stay Review.*** Should an offender require Intermediate Residential treatment in excess of the 21 days afforded by the cost cap, the treatment provider shall notify Community Corrections of this need and shall submit a Continued Stay Review through Beacon's Provider CONNECT System. The American Society of Addiction Medicine (ASAM) criteria will be reviewed for medical necessity by a clinician and services will be authorized or denied within five (5) calendar days.

#### ***Billing for Multiple Modalities on the Same Day***

- If an individual is receiving Inpatient or Residential treatment, no Outpatient services may be billed on that same day.
- If an individual is engaged in Inpatient or Residential Treatment, a minimum of one (1) group family session per thirty (30) days of Inpatient or Residential treatment is required and is NOT billable as a separate item. This applies when the family is able, willing, and available to participate in the offender's recovery process.
- Outpatient Group and Outpatient Individual treatment services may be co-billed on the same day if, in fact, these two types of services are provided at different times on the same day.
- Outpatient Group and Outpatient Family treatment services may be co-billed on the same day if, in fact, these two types of services are provided at different times on the same day.
- Outpatient Individual and Outpatient Family treatment services may be co-billed on the same day if, in fact, these two types of services are provided at different times on the same day. This does not apply when the family is brought into an individual treatment session.
- Intensive Outpatient includes, but is not limited to, Individual, Group and/or Family counseling and thus co-billing for Intensive Outpatient with Outpatient Individual, with Outpatient Group, or with Outpatient Family services may not occur.
- Relapse Prevention services are intended to reinforce techniques provided by treatment to prevent relapse occurrences. If a person is in Relapse Prevention, and the treatment provider determines that the individual needs Outpatient Individual to address issues that are not in the context of Relapse Prevention, co-billing is allowable, as long as that need is documented.

#### **Offender-Pay**

- Drug Abuse Education is the only entirely offender-paid modality under the provisions of SB 123 and shall be billed at the rate specified in the **SB 123 Approved Modalities and Cost Caps**.
- Offenders engaged in Reintegration may be required to contribute an offender co-pay to the treatment agency. Any additional fees to the offender shall be documented in the **Client Placement Agreement**.
- Treatment providers should not accept payment for any other type of SB 123 service from the offender.
- Should the offender be able and willing to continue treatment services beyond the 18-month term of mandated treatment and supervision, the offender may pay for such treatment.

## **Offender Reimbursements and Insurance Proceeds**

Providers will be required to bill any applicable insurance the client may have and return any monies obtained from insurance to the Kansas Sentencing Commission. Funds received must be documented and submitted to the KSSC monthly along with the **SB 123 Insurance Payment Remittance Form** (Ch. VII). Providers shall not combine and retain both payments nor select to retain the insurance payment in lieu of payment by the KSSC. Invoicing for offenders with insurance shall be performed through Beacon's Provider CONNECT System, even if the offender's insurance completely covers treatment costs (Ch. VI).

## **Timely Filing**

For all services billed through Beacon's Provider CONNECT System, invoices are to be submitted **within 45 calendar days from the date of service**. For offenders with insurance, invoices are to be submitted **within 45 calendar days from issuance of Explanation of Benefits (EOB)**. Invoices not submitted in accordance with timely filing requirements shall be denied.

Pre-sentence assessments billed through KSSC shall be submitted **within 45 calendar days from the date of service**. Invoices not submitted in accordance with timely filing requirements shall be denied.

*Note: Community Corrections signatures are not required to process invoices; copies of relevant documents shall be provided to Community Corrections in a timely manner.*

## **Fraud**

Payment for services under SB 123 is made from state funds and any false claims, statements, documents, or concealment of a material fact may be prosecuted under applicable state law. The submission of false invoices, **Monthly Progress Report Forms**, or other false information, charging for services not performed, or giving or receiving a monetary incentive or bribe in relationship to treatment services for SB 123 offenders are crimes subject to prosecution under applicable federal and/or state law and applicable consequences from licensing bodies.

## Chapter VI

### Beacon Health Options Provider CONNECT System

#### SB 123 and Beacon Health Options

In 2018, the Kansas Sentencing Commission awarded a five-year contract to Beacon Health Options (Beacon), a national leader in behavioral health management, to provide billing services for the SB 123 substance abuse treatment program for offenders sentenced for possession of controlled substances. The intent of this partnership is to benefit all stakeholders by increasing efficiency and accountability.

#### *Submission of Invoices for Payment Through Beacon Health Options*

All invoices for services rendered on or after October 1, 2018 shall be processed through Beacon's Provider CONNECT System, with the exception of pre-sentence assessments.

Directions for creating a user account, using the Provider CONNECT System, and submitting authorizations and invoices can be found on: <https://kansas.beaconhealthoptions.com/providers/kssc/>

Questions and customer service inquiries regarding the Provider CONNECT System may be addressed to Beacon Health Options by email or phone:

Email: [SB123@Beaconhealthoptions.com](mailto:SB123@Beaconhealthoptions.com)

Phone: 1-866-645-8216 Option 3

## Chapter VII

### SB 123 Forms

The following forms can be located on the [KSSC website](#) and are included in this chapter:

- Approved Treatment Modalities and Cost Caps (2 pages)
- Assessment Summary Form
- Pre-Sentence Assessment Invoice For Purchase of Service
- Client Placement Agreement (3 pages)
- Monthly Progress Report Form
- Insurance Payment Remittance
- Offender Reimbursement Remittance
- SASSI Summary Form
- Invoice for SASSI Reimbursement

*Note: All forms used specifically for Beacon Health Options can be found at <https://kansas.beaconhealthoptions.com/providers/kssc/>*



**Kansas Sentencing Commission - Senate Bill 123 Program**

**Approved Treatment Modalities and Cost Caps**

<b>Modality</b>	<b>Cost Cap</b>	<b>Minimum Service Components</b>
<b>Assessment SB 123 DAAP</b>	\$175 per assessment	<b>Maximum Paid Units:</b> <ul style="list-style-type: none"> <li>1 assessment per SB 123 court case</li> </ul> <b>Components:</b> <ul style="list-style-type: none"> <li>DAAP includes: <ul style="list-style-type: none"> <li>SB 123 Assessment Summary Form</li> <li>SASSI</li> <li>Clinical Interview with ASAM criteria</li> </ul> </li> </ul>
<b>Social Detox</b>	\$150 per day	<b>Maximum Paid Units:</b> <ul style="list-style-type: none"> <li>5 days</li> </ul> <b>Components:</b> <ul style="list-style-type: none"> <li>Medical staff on sight monitors vital stats</li> </ul>
<b>Therapeutic Community</b>  (Currently Johnson County ONLY)	\$150 per day	<b>Maximum Paid Units:</b> <ul style="list-style-type: none"> <li>6 months maximum</li> </ul> <b>Components:</b> <ul style="list-style-type: none"> <li>Residential (24 hours/day; 7 days/week)</li> <li>Currently only offered by Johnson County</li> <li>Cognitive behavioral based</li> </ul> <p><i>* If offender is engaged in inpatient treatment, a minimum of one group family session per each 30 days of inpatient treatment is required and is NOT billable as a separate item. This applies when the family is able, willing, and available to participate in the offender's recovery process.</i></p>
<b>Intermediate/Residential</b>	\$180 per day	<b>Maximum Paid Units:</b> <ul style="list-style-type: none"> <li>Offenders sentenced on or after July 1, 2015 are subject to a treatment range from 7-21 days in length (21 day max)</li> <li>Under no circumstances will payment be made for intermediate/residential services beyond 90 days</li> <li>A Continued Stay Review is required for additional inpatient days up to 90 days</li> </ul> <b>Components:</b> <ul style="list-style-type: none"> <li>Residential (24 hours/day; 7 days/week)</li> <li>Structured, Cognitive Behavioral based clinical program meeting ASAM specifications</li> <li>Includes Group and Individual counseling, at a minimum up to 10 hours per day</li> </ul> <p><i>* NOTE: offenders do NOT leave intermediate residential facilities for employment, education, or other similar reasons.</i></p> <p><i>* If offender is engaged in inpatient treatment, a minimum of one group family session per each 30 days of inpatient treatment is required and is NOT billable as a separate item. This applies when the family is able, willing, and available to participate in the offender's recovery process.</i></p>
<b>Intensive Outpatient</b>	\$120 per day	<b>Maximum Paid Units:</b> <ul style="list-style-type: none"> <li>30 clinical day cap</li> <li>Average program is 2-7 weeks in length</li> </ul> <b>Components:</b> <ul style="list-style-type: none"> <li>10 (minimum) -15 hours of direct clinical services with a certified counselor per week, to include structured group, individual, and/or family counseling for each individual client</li> <li>Cognitive behavioral based</li> </ul>

October 1, 2018

**Kansas Sentencing Commission - Senate Bill 123 Program**

<b>Modality</b>	<b>Cost Cap</b>	<b>Minimum Service Components</b>
<b>Outpatient:</b>		
<b>Individual</b>	\$80 per hour	<b>Maximum Paid Units:</b> <ul style="list-style-type: none"> <li>Up to 3 hours per week with counselor, as needed</li> </ul> <b>Components:</b> <ul style="list-style-type: none"> <li>Reinforces cognitive behavioral based concepts and tools</li> </ul>
<b>Group</b>	\$25 per hour	<b>Maximum Paid Units:</b> <ul style="list-style-type: none"> <li>Up to 8 hours of services per week; average of 8-12 weeks in length per group</li> </ul> <b>Components:</b> <ul style="list-style-type: none"> <li>Cognitive behavioral based</li> <li>Reinforces cognitive behavioral based concepts and tools</li> </ul>
<b>Family</b>	\$75 per hour	<b>Maximum Paid Units:</b> <ul style="list-style-type: none"> <li>Up to 1 hour per week; average 8-12 weeks in length</li> </ul> <b>Components:</b> <ul style="list-style-type: none"> <li>If offender is engaged in inpatient treatment, a minimum of one group family session per each 30 days of inpatient treatment is required and is NOT billable as a separate item. This applies when the family is able, willing, and available to participate in the offender's recovery process.</li> </ul>
<b>Re-integration</b>	\$70 per day	<b>Maximum Paid Units:</b> <ul style="list-style-type: none"> <li>60 days maximum</li> </ul> <b>Components:</b> <ul style="list-style-type: none"> <li>Minimum of 10 hours of structured clinical activity per week – which shall include at a minimum of three hours of scheduled, structured individual, group or family outpatient services.</li> <li>Cognitive behavioral based</li> <li>Offenders are expected to be employed or actively seeking employment during their reintegration engagement.</li> <li>Frequently follows an inpatient modality as a "step-down" modality.</li> </ul>
<b>Relapse Prevention /Continuing Care</b>	\$25 per session for either group or individual	<b>Maximum Paid Units:</b> <ul style="list-style-type: none"> <li>1 session per day maximum, as needed</li> </ul> <b>Components:</b> <ul style="list-style-type: none"> <li>Sessions to occur subsequent to successful completion of another, higher intensity treatment modality</li> <li>Serves as a follow-up and emphasis of cognitive behavioral tools and skills obtained in another treatment modality by providing relapse prevention planning, follow-through, and action plan development to handle potential relapse events so as to maintain a lifestyle free from drug usage</li> <li>Cognitive behavioral based</li> </ul>
<b>Drug Abuse Education</b>	\$100 – offender pay	<b>Maximum Paid Units:</b> <ul style="list-style-type: none"> <li>Offender pay only</li> </ul> <b>Components:</b> <ul style="list-style-type: none"> <li>Set, standard 8 hour curriculum</li> <li>KDOC Certification of providers not needed, due to short duration of this treatment modality and set curriculum</li> </ul>

October 1, 2018

## 2003 SB 123: Assessment Summary Form

Date of Assessment: \_\_\_\_\_ (mm/yyyy)

AUTHORIZED TREATMENT PROVIDER	COMMUNITY CORRECTIONS / COURT SERVICES AGENCY
Treatment Provider Name:	District:
Street Address:	Street Address:
City / State / Zip:	City / State / Zip:
Assessor Name: Phone No.: Email:	ISO/CSO Name: Phone No.: Email:
Assessor Signature:	
SASSI Completed by: <input type="checkbox"/> Above <input type="checkbox"/> CSO (name):	

Safeguarding of Client Information. The information contained on this form is confidential and not to be used or disclosed by any party, for any purpose that is not connected directly to the Court's assignment of sentence or the case management responsibilities assigned by law to Community Corrections or by court order. Treatment providers are required to maintain confidentiality consistent with the requirements of their state license.

OFFENDER PROFILE		
Conviction Name (First, MI, Last):	KDOC No.:	KBI No.:
Date of Birth: (mm/yyyy)	County of Conviction:	Court Case No.:

SASSI Probability:	SASSI Profile Scores:																				
High: <input type="checkbox"/> Low: <input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th>FVA</th><th>FVOD</th><th>SYM</th><th>OAT</th><th>SAT</th><th>DEF</th><th>SAM</th><th>FAM</th><th>COR</th><th>RX</th></tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>	FVA	FVOD	SYM	OAT	SAT	DEF	SAM	FAM	COR	RX										
FVA	FVOD	SYM	OAT	SAT	DEF	SAM	FAM	COR	RX												
Was Mental Health Screen administered? <input type="checkbox"/> Yes <input type="checkbox"/> No	NOTE: Summary Score Page - • If RAP is above 2, DEF is above 8, score may be invalid. • If score is invalid or low and treatment is recommended, please address in comments.																				
Referred for additional services? <input type="checkbox"/> Yes <input type="checkbox"/> No																					
Mental Health Comments:																					
Clinical History Comments: (attach additional page(s) as necessary)																					

**ASSESSOR RECOMMENDATIONS:** Identify initial treatment modality as reflected by ASAM criteria:

Initial Treatment Modality (check)	Modality
<input type="checkbox"/>	Social Detoxification
<input type="checkbox"/>	Therapeutic Community (Jo Go only)
<input type="checkbox"/>	Intermediate Residential
<input type="checkbox"/>	Intensive Outpatient
<input type="checkbox"/>	Outpatient - Individual
<input type="checkbox"/>	Outpatient - Group
<input type="checkbox"/>	Outpatient - Family
<input type="checkbox"/>	Reintegration
<input type="checkbox"/>	Relapse Prevention/Continuing Care
<input type="checkbox"/>	Drug Abuse Education

\* Treatment Provider and ISO to retain copy for record keeping and auditing purposes.

Kansas Sentencing Commission  
2003-SB 123 "Alternative Sentencing Policy for Drug Possession Offenders" Operation Manual

(October 1, 2018)

## SB 123: SASSI Summary Form

Date of Assessment: \_\_\_\_\_ (MM/DD/YYYY)

COMMUNITY CORRECTIONS OR COURT SERVICES AGENCY:	
District:	
Street Address:	
City / State / Zip:	
SASSI Administrator Name:	
Phone Number:	
Fax Number:	
Email:	
Assessor Signature:	Director or Chief Signature:

Safeguarding of Client Information: The information contained on this form is confidential and not to be used or disclosed by any party, for any purpose that is not connected directly to the Court's assignment of sentence, the billing and data collection requirements of the Kansas Sentencing Commission, the case management responsibilities assigned by law to Community Corrections, or by court order. Treatment providers are required to maintain confidentiality consistent with the requirements of their state license.

OFFENDER PROFILE		
Conviction Name (First, MI, Last):	KDOC No. (if known):	KBI No.
Date of Birth (MM/DD/YYYY):	County of Conviction:	Court Case No.:

SASSI III Probability:	SASSI III Profile Scores:																		
High: <input type="checkbox"/> Low: <input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th style="width: 10%;">FVA</th> <th style="width: 10%;">FVOD</th> <th style="width: 10%;">SYM</th> <th style="width: 10%;">OAT</th> <th style="width: 10%;">SAT</th> <th style="width: 10%;">DEF</th> <th style="width: 10%;">SAM</th> <th style="width: 10%;">FAM</th> <th style="width: 10%;">COR</th> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	FVA	FVOD	SYM	OAT	SAT	DEF	SAM	FAM	COR									
FVA	FVOD	SYM	OAT	SAT	DEF	SAM	FAM	COR											
Referred for Full SB 123 Assessment?																			
Yes <input type="checkbox"/> No <input type="checkbox"/>																			

NOTES: (If SASSI score is low but offender still referred for full assessment, please explain below).

### DISTRIBUTION OF THIS DOCUMENT:

- Full SB 123 Assessor** - If referred for full SB 123 Assessment, send copy of full completed SASSI to agency/provider conducting the assessment.
- Community Corrections Agency of Supervision** – copy of this form along with the supporting instruments including the full completed SASSI, maintained in offender-client file.
- Kansas Sentencing Commission** – copy of this form submitted along with invoice for SASSI assessment services. Invoices shall be submitted not more than once each quarter.

Kansas Sentencing Commission Jayhawk Tower, 700 SW Jackson Street, Suite 501 Topeka, KS 66603	<b>PRE-SENTENCE ASSESSMENT</b>  <b>INVOICE FOR PURCHASE OF SERVICE</b>	*Form Use For Services Rendered 10/1/2018 and After
(Please Type or Print Legibly, DO NOT USE WHITEOUT) (Use the TAB key to move from field to field, initial all changes)		
1. Treatment Provider:		2. Service Month/ Year:
4. Address (location of services):		3. Sentencing Date:
6. City/State/Zip:		5. Supervising Agency:
8. Billing address: (if different than above)		7. CSO Name:
9. County of SB123 Conviction:		
10. Offender Name: (Last)	(First)	(M.I.)
11. KDOC Number:	12. KBI Number:	13. Court Case Number:
Place an "X" in the days of the month that services were provided :		
14. Modality	15. Service Units	16. \$ Cost/ Unit
17. \$ Total		
Pre-Sentence Assessment *	1	\$175
18. Does the offender have insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes		NOTE: IF OFFENDER HAS INSURANCE HAS IT BEEN BILLED FOR THIS SERVICE? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A
19. LESS Insurance Reimbursement	\$	IS THIS FORM FOR REPORTING PURPOSES? <input type="checkbox"/> No <input type="checkbox"/> Yes
20. TOTAL	\$	
* PAYMENT WILL NOT BE PROCESSED UNLESS THE COMPLETED FORMS ARE ATTACHED TO THIS INVOICE: • APPLICABLE SB 123 ASSESSMENT SUMMARY FORM • COVER SHEET SASSI • CLINICAL INTERVIEW SUMMARY WITH ASAM CRITERIA		
Signature: I, the Treatment Provider certify that this service/material has been provided and that this invoice is correct and true.		
25. Provider:	Date:	Phone Number:

1 Copy to the Kansas Sentencing Commission

1 Copy to the Treatment Provider

October, 1, 2018

## Kansas Sentencing Commission - Senate Bill 123 Program

### Client Placement Agreement

Sentencing Date: <div style="border-bottom: 1px solid black; width: 100%; text-align: center;">mm/dd/yyyy</div>	Scheduled Treatment Start Date: <div style="border-bottom: 1px solid black; width: 100%; text-align: center;">mm/dd/yyyy</div>	KSSC Eligibility Expiration Date: _____ <div style="border-bottom: 1px solid black; width: 100%; text-align: center;">mm/dd/yyyy</div> (18 months from first treatment start date)
KBI number:	Court Case number:	Kansas Department of Corrections number:

This agreement entered into on \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by and between the  
(Day) (Month) (Year)  
 \_\_\_\_\_ ("COMMUNITY CORRECTIONS") and \_\_\_\_\_

("PROVIDER") located at \_\_\_\_\_  
(Provider Street Address) (City) (State) (Zip)

for and in consideration of the treatment/modalities and responsibilities listed below and placement of:

\_\_\_\_\_, born on \_\_\_\_\_  
(Current Legal First Name/M/Last Name) (mm/dd/yyyy)

convicted in the county of \_\_\_\_\_

supervised by \_\_\_\_\_ with the provider for the following treatment:  
Community Corrections Agency

**Mark as many as Apply:**

- |   |   |
|---|---|
| <input type="checkbox"/> Social Detox                       | Estimated length of stay: _____<br>(Maximum: 5 days)            |
| <input type="checkbox"/> Therapeutic Community (Jo Co only) | Estimated length of stay: _____<br>(Maximum: 180 days)          |
| <input type="checkbox"/> Intermediate Residential           | Estimated length of stay: _____<br>(Maximum: 21 days)           |
| <input type="checkbox"/> Intensive Outpatient               | Estimated program length: _____<br>(Maximum: 30 days)           |
| <input type="checkbox"/> Outpatient Group                   | Estimated program length: _____<br>(Maximum: 8 hours per week)  |
| <input type="checkbox"/> Outpatient Family                  | Estimated program length: _____<br>(Maximum: 1 hour per week)   |
| <input type="checkbox"/> Outpatient Individual              | Estimated program length: _____<br>(Maximum: 3 hours per week)  |
| <input type="checkbox"/> Reintegration                      | Estimated length of stay: _____<br>(Maximum: 60 days)           |
| <input type="checkbox"/> Relapse Prevention/Continuing Care | Estimated program length: _____<br>(Maximum: 1 session per day) |
| <input type="checkbox"/> Drug Abuse Education               | Offender pay \$100 8-hour program                               |

## Kansas Sentencing Commission - Senate Bill 123 Program

### RESPONSIBILITIES OF THE PROVIDER:

1. Serve this offender in the modality of treatment marked above (services to be billed within KSSC Guidelines). Type of treatment is not to be changed without notification to offender's Intensive Supervision Officer (ISO).
2. Provide timely assessments that include: a) "SB 123 Assessment Summary Form," b) SASSI cover sheet marked with probability, and c) Clinical Interview Summary with ASAM criteria.
3. Report all violations of court order immediately to Community Corrections.
4. Provide access to assessment and treatment services within three (3) business days following initial referral.
5. Attend multi-disciplinary team meetings through the course of treatment as needed.
6. Provide timely communication to Community Corrections regarding: client attendance, client progress, treatment plan updates, discharge planning recommendations, and other significant changes in the course of treatment in the form of the Monthly Progress Report, and as needed.
7. Notify Community Corrections upon change or discharge of client from treatment modality.
8. Maintain appropriate client records that meet the Kansas Department for Aging and Disability Services (KDADS) and the Kansas Behavioral Sciences Regulatory Board (KBSRB) licensure standards.
9. Execute appropriate confidential release of information forms.
10. Provide detailed billing information in a timely fashion through Beacon Health Options Provider Connect system (within forty-five days of the date of services rendered or 45 days from EOB issuance for offenders with insurance).
11. All treatment must include a cognitive-based curriculum (excluding assessment, social detox, and drug abuse education) as approved by KDOC.
12. Provide all client UA results to Community Corrections.
13. Adhere to all SB 123 policies implemented by the KSSC, KDOC, KDADS, and as stated in the KSSC "Senate Bill 123 Alternative Sentencing Policy for Drug Offenders Operations Manual."

### RESPONSIBILITIES OF COMMUNITY CORRECTIONS:

1. Share plans, goals, reassignment of ISO, and other pertinent information concerning the client needed to provide appropriate treatment.
2. Participate in treatment and multi-disciplinary team meetings as needed and receive and retain Monthly Progress Reports.
3. Provide thirty (30) day notice before removing the client when possible. No prior notice is required if removal is court ordered.
4. Notify the provider of all pending court actions and court determinations.
5. Provide all client UA results to the provider.
6. Adhere to all SB 123 policies implemented by the KSSC, KDOC, KDADS, and as stated in the KSSC "Senate Bill 123 Alternative Sentencing Policy for Drug Offenders Operations Manual."

### Modification

This agreement may be modified, amended or supplemented by written agreement signed by Community Corrections and the Provider. Modifications must be submitted to the KSSC.

Authorized Treatment Provider Signature:	Date: mm/dd/yyyy	Phone #
Printed Name:		
Email:		
Community Corrections Agency:	Date: mm/dd/yyyy	Phone #
ISO Signature:		Email:

**Safeguarding of Client Information:** The information contained on this form is confidential and not to be used or disclosed by any party, for any purpose that is not connected directly to the court's assignment of sentence or the case management responsibilities assigned by law to community corrections or by court order. Treatment providers are required to maintain confidentiality consistent with the requirements of their state license.

\* A copy of this document must be retained by both ISO and Treatment Provider for auditing purposes.



## Kansas Sentencing Commission - Senate Bill 123 Program

### Insurance Verification Form

Offender Name \_\_\_\_\_

Offender KDOC # \_\_\_\_\_

Offender KBI# \_\_\_\_\_

Please provide all requested information:

☐ Offender has health insurance coverage.

Insurance Provider Name:	
Insurance Provider Address:	
Member Identification Number:	
Benefit Plan Name and/or Number:	
Effective Date of Current Plan:	
Expiration Date of Current Plan:	

Please attach a photocopy of the offender's applicable insurance card or other documentation of insurance coverage.

☐ Offender does not have health insurance coverage.

If checking this box, offender must attest to the following statement:

I, \_\_\_\_\_ (offender's name), do hereby affirm that I am not currently covered by a health insurance, Medicaid or any other health benefit plan. I understand that failure to truthfully notify my supervising officer of any existing health insurance coverage at this time or any other time while receiving certified drug abuse treatment pursuant to K.S.A. 2012 Supp. 21-6824, and amendments thereto, shall constitute a violation of the terms of such drug treatment program and may result in sanctions as provided by law, including, but not limited to, revocation from probation.

\_\_\_\_\_  
(Supervising Officer)      (Date)      (Offender)      (Date)

\* A copy of this document must be retained by both ISO and Treatment Provider for auditing purposes.



**Kansas Sentencing Commission- SB 123 Program**  
**Monthly Progress Report Form**

Client Name: \_\_\_\_\_ KDOC Number: \_\_\_\_\_ KBI Number: \_\_\_\_\_  
First Name/M/Last Name

Report For Services \_\_\_\_\_ To \_\_\_\_\_  
(m/d/yyyy) (m/d/yyyy)

**SB 123 Provider:**

Primary Provider: \_\_\_\_\_ Date of Admission: \_\_\_\_\_  
(SB 123 Provider) (m/d/yyyy)

**Check Service(s) Receiving and Rate Level of Participation:**

Services:	Very Satisfactory	Satisfactory	Needs Improvement	Relapse
<input type="checkbox"/> Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Social Detox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Therapeutic Community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Intermediate Residential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Intensive-Outpatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Out-Patient Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Out-Patient Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Out-Patient Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Re-Integration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Relapse Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments and Recommendations Regarding Positive Progress and Areas for Improvement:

**Supervising Community Corrections Agency:**

ISO: \_\_\_\_\_

**Indicate Supervision Level**

Level: \_\_\_\_\_

**Rate Level of Performance relative to Supervision Conditions:**

☐ Very Satisfactory    ☐ Satisfactory    ☐ Needs Improvement    ☐ Revoked    ☐ Other (if marked, please comment below)

Comments and Recommendations Regarding Positive Progress and Areas for Improvement:

The SUPERVISING COMMUNITY CORRECTIONS AGENCY and THE PROVIDER AGREE on the Monthly Progress Report

Authorized Treatment Provider Signature:	Date: <small>m/d/yyyy</small>	Phone #: Email:
Community Corrections ISO Signature:	Date: <small>m/d/yyyy</small>	Phone #: Email:
<p><b>* A copy of this document must be retained by both ISO and Treatment Provider for auditing purposes.</b></p>		

## Insurance Payment Remittance

2003-SB 123

*This form is to accompany all SB 123 Insurance Payments*

Mail to: **Kansas Sentencing Commission**  
700 SW Jackson, Ste 501  
Topeka, KS 66603

Provider Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Date: \_\_\_\_\_

Total Remittance:

Payment information:

SB 123 Client Name		KDOC	RBI Number	Court Case	County	Community Corrections	Name of Insurer	Amount Paid
Last	First	Number		Number				

NOTE: If offender does not have a KDOC# or is NOT SB 123 eligible - please indicate this and include comment in the line below offender's information.

Comments:

**Kansas Sentencing Commission**  
**OFFENDER REIMBURSEMENT REMITTANCE FORM**  
2003-SB 123  
*This form is to accompany ALL remittance.*

**Mail to:** Kansas Sentencing Commission  
700 SW Jackson, Ste 501  
Topeka, KS 66603

**Community Correction Agency Name:** \_\_\_\_\_  
*If payment is submitted by the Community Correction Agency*

**Name of Person Submitting Payment:** \_\_\_\_\_

<b>Total Amount Paid:</b>	<b>Date:</b>
---------------------------	--------------

**Payment Information:**

SB 123 Client Name		KBI	KDOC	Court	County	Community Corrections:	Amount Paid
Last Name	First Name	Number	Number	Case Number			

Enter the information for one individual or several as applies. Attach additional form(s) if needed.  
**NOTE:** If offender does not have a KDOC# or is not SB 123 eligible- please note this and include comments.  
**Comments:**

Kansas Sentencing Commission - Senate Bill 123 Program

**Invoice for SASSI Reimbursement**

COMMUNITY CORRECTIONS OR COURT SERVICES AGENCY:
Street Address:
City / State / Zip:
Phone Number:
Fax Number:
Email:

Invoice Period: \_\_\_\_\_ to \_\_\_\_\_  
(mm/dd/yy) (mm/dd/yy)

\*Number of SASSI's administered \_\_\_\_\_ x \$5.00 / assessment = \$ \_\_\_\_\_

Signature of Designee: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Please attach a copy of each SASSI Summary Form completed during invoice period and submit this form to the Kansas Sentencing Commission:

- email to [SB123payments@ks.gov](mailto:SB123payments@ks.gov), or
- by mail to: Kansas Sentencing Commission  
700 SW Jackson, Suite 501  
Topeka, Ks 66603

**\*The total must be greater than \$20 to be reimbursed.**